

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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TOTAL IND.	2			
TOTAL DEP.	✓	↔	↔	↔
TOTAL CLAIMS	6			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS					

BEST AVAILABLE COPY